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CONFIRMATION NO. 5661

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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/829,312 | <b>FILING OR 371(c) DATE</b><br>04/20/2004<br><b>RULE</b> | <b>CLASS</b><br>711 | <b>GROUP ART UNIT</b><br>2188 | <b>ATTORNEY DOCKET NO.</b><br>42P10449XC |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/973,547 10/09/2001 PAT 6,912,634 which is a CIP of 09/823,718 03/30/2001 PAT 6,738,878  
 which is a CIP of 09/750,642 12/28/2000 *GJP*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE GJP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 07/08/2004

|  |                               |                            |                           |                                |
|--|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>OR | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>17 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged <i>Sam J. Patten</i><br>Examiner's Signature   | Initials                      |                            |                           |                                |

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**TITLE**  
 Verifying the integrity of a media key block by storing validation data in the validation area of media

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>856 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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